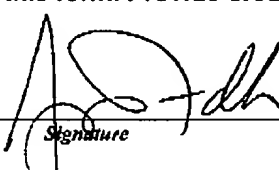


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. <b>APP 1299</b>	
Applicant(s): <b>Prathima Agrawal et al</b>				
Application No. <b>09/975,890</b>	Filing Date <b>10/12/2001</b>	Examiner <b>PARK, Jung H.</b>	Group Art Unit <b>2661</b>	
Invention: <b>Network-Layer and Link-Layer Use of Shadow Addresses with IP-Based Base Stations</b>			RECEIVED CENTRAL FAX CENTER <b>OCT 06 2005</b>	
<p>I hereby certify that this <u>Amendment and Terminal Disclaimer</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>October 6, 2005</u> (Date)</p> <p><u>Vivian Austin</u> (Typed or Printed Name of Person Signing Certificate) <u>Vivian Austin</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p> <p>RECEIVED OPEI/AP OCT 07 2005</p>				

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>APP 1299</b>	
Applicant(s): <b>Prathima Agrawal et al</b>						
Application No. <b>09/975,890</b>	Filing Date <b>10/12/2001</b>	Examiner <b>PARK, Jung H.</b>	Customer No. <b>09941</b>	Group Art Unit <b>2661</b>	Confirmation No. <b>9688</b>	
Invention: <b>Network-Layer and Link-Layer Use of Shadow Addresses with IP-Based Base Stations</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account</p><p style="margin-left: 20px;"><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p style="margin-left: 20px;"><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p><p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p><div style="text-align: center; margin-top: 20px;"> _____ Signature</div><p><b>James W. Falk (Reg. No. 16154)</b> <b>Telcordia Technologies, Inc.</b> <b>One Telcordia Drive 5G116</b> <b>Piscataway, NJ 08854-4157</b> <b>Telephone (732) 699-4465</b></p></div><div style="flex: 1; padding-left: 20px;"><p>Dated: <b>October 6, 2005</b></p></div></div>						
<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>						
cc:						

Doc Code:

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$130.00

**Complete if Known**

Application Number	09/975,890
Filing Date	10/12/2001
First Named Inventor	Prathima Agrawal
Examiner Name	PARK, Jung H.
Art Unit	2661
Attorney Docket No.	APP 1299

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**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Deposit Account Number: 021822 Deposit Account Name: Telcordia Technologies

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependant claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP = 0	x	\$50.00	= \$0.00

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP = 0	x	\$200.00	= \$0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
- 100 =	/ 50	(round up to a whole)	x \$250.00	= \$0.00

**4. OTHER FEE(S)**

Non-English specification. \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): Terminal disclaimer fee under 37 CFR 1.20(d)

\$130.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	16154	Telephone	(732) 699-4465
Name (Print/Type)	James W. Falk			Date	October 6, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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